REPORT OF LOBBYING FIRM

(Government Code Section 86114)

	REPORT COVER	RS PERIOD FROM 07/01	/2009 THROUGH	09/30/2009			
FORM	1 625 CUMULATIVE PE	ERIOD BEGINNING	01/01/2009				
199			01/01/2000		FOR OFFICIAL USE ONLY		
		TYPE OR PRINT IN I	NK		A		
	mation required to be provided to you pure on Lobbying Disclosure Provisions of the F		tices Act of 1977, see I	<u>nformation</u>	В		
NAME C	F LOBBYING FIRM:						
ADVOC	AL						
BUSINE	SS ADDRESS: (Number and Street)	(City) SACRAMEN TO	-	(Zip Code) 95811	TELEPHONE NUMBER:		
MAILING	ADDRESS: (If different than above)	10					
PART	I - (Read the instructions on the reverse be	efore completing this section.	Then, check one of th	e boxes below and	complete Part I.)		
	PARTNERS, OWNERS, OFFICER	RS, OR EMPLOYEES WHOS	E "LOBBYIST REPOR	TS" (FORM 615) <i>F</i>	ARE ATTACHED TO		
	THIS REPORT OR A PARTNERS, OWNERS, OFFICER	RS. OR EMPLOYEES WHO E	ENGAGED IN DIRECT	COMMUNICATIO	N ON AT LEAST FIVE		
Employ	SEPARATE OCCASIONS DURING						
	LE R. BRAKENSIEK						
Employ							
STEPH	EN J. CATTOLICA						
☐ If r	nore space is needed, check box and attach cor	ntinuation sheets.					
		SUMMARY OF PAY	MENTS THIS PE	RIOD			
A.	GRAND TOTAL PAYMENTS RECEIVED (From Subtotals in Part II)	D: <u>\$ 215564.04</u>	E. CAMPAIGN CC	NTRIBUTIONS M.	ADE: t IV Completed and Attached		
В.	TOTAL ACTIVITY EXPENSES: (From Part III, Section A, 3)	\$ 0.00					
C.	TOTAL PAYMENTS TO OTHER LOBBYING FIRMS:	<u>\$ 3044.00</u>	F. IS THE FIRM A	MEMBER OF A L	OBBYING COALITION ?		
D.	(From Part III, Section B) GRAND TOTAL PAYMENTS MADE: (B + C, above)	<u>\$ 3044.00</u>	X No	Yes	s (Complete and attach Form 630)		
	(D + O, above)	\/EDIE(4	0.4.TI.O.N.				
VERIFICATION I have used all reasonable diligence in preparing this Report. I have reviewed the Report and to the best of my knowl-							
edge th	e information contained herein and			•			
	I certify under penalty of perjury u		te of California that				
	ed on (Date)	At (City and State)			Responsible Officer)		
10/14		SACRAMENTO,CA		CARLYLE R. B	RAKENSIEK		
Name o	f Responsible Officer (Type or Print)			Title CHAIRMAN OF	THE BOARD (4450 -		
CARL'	/LE R. BRAKENSIEK			00 SLC)" "	(1.00		

NAME OF LOBBYING FIRM: ADVOCAL

PART II - PAYM See Instructions or		CONNECTION WITH LOBBYING AC	TIVITY (Amoun	ts ma	y be rounded off to v	vhole (dollars.		
	Employer's Name, Address and Telephone Number ALZHEIMER'S FOUNDATION OF AMERICA								
NEW YORK NY	10001								
Legislative or State Period. (See instruc	Agency Administrative Actions on reverse.)	tions "Actively" Lobbied During the							
SB 29; LEGISLAT	URE RE: ALZHEIMER	'S RESOLUTION							
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)			Total This Period	Cumulative Total to Date			
\$ 3000.00	\$ 45.11	\$ 0.00		\$	3045.11	\$	10045.11		
	Address and Telephone NIANCE OF RESALE M	Number ERCHANTS AND COLLECTORS							
SACRAMENTO (
Legislative or State Period. (See instruc NONE	Legislative or State Agency Administrative Actions "Actively" Lobbied During the Period. (See instructions on reverse.) NONE								
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)			Total This Period	Cumulative Total to Date			
\$ 0.00	\$ 0.00	\$ 0.00		\$	0.00	\$	0.00		
Employer's Name, Address and Telephone Number CALIFORNIA ASSOCIATION OF LICENSED REPOSSESSORS									
SACRAMENTO CA 95811									
Legislative or State Agency Administrative Actions "Actively" Lobbied During the Period. (See instructions on reverse.)									
AB 515,519; SB 201,821									
Fees and Reimbursements of Advances or Other Payments Retainers Expenses (attach explanation)					Total This Period		Cumulative Total to Date		
\$ 12225.00	\$ 404.88	\$ 0.00		\$	12629.88	\$	44054.88		
If more space is n	eeded, check box and attach	continuation sheets	SUBTOTAL	\$	215564.04				

PERIOD COVERED:	07/01/2009	09/30/2009	

NAME OF LOBBYING FIRM: ADVOCAL

PART III -	PART III - PAYMENTS MADE IN CONNECTION WITH LOBBYING ACTIVITIES						
SECTION A	A: ACTIVITY EXPENSES (See instruc	tions on reverse.)					
	ITY EXPENSES ARRANGED, INCUR RED BY A LOBBYIST)	RED, OR PAID B	Y THE LOBBYIN	IG FIRM (OTHE	ER THAN THOSE P	AID OR	
Date	Name and Address of Payee	of Repo	and Official Positio ortable Persons and nt Benefiting Each	d	Total A		
				\$		\$	
	Reference No:						
If more	space is needed, check box and attach con	tinuation sheets	(Include all su		DTAL SECTION A.1 ontinuation Sheets)	. \$	0.00
2. TOTAL ACTIVITY EXPENSES PAID, INCURRED, OR ARRANGED BY ALL LOBBYISTS EMPLOYED BY THE LOBBYING FIRM WHICH HAVE BEEN OR WILL BE REIMBURSED OR PAID BY THE FIRM.					\$	0.00	
3. TOTAL ACTIVITY EXPENSES (Section A, Parts 1 + 2)					\$	0.00	
	Ψ						

PERIOD CC	VERED: ,	07/01/2009	09/3	30/2009			4/8	3	
		FIRM: <u>ADVOCAL</u>							
PART III - I	PAYMENT	S MADE (Continued)							
SECTION E	3: PAYMEN	TS MADE TO OTHE	R LOBB	SYING FIRMS					
		ss and Telephone m Contracted With		Name of Employer or Client Whom Subcontractor was Retained to Lobby	3		Amount nis Period		Cumulative Fotal to Date
WILLIAM 'BILL' F	. DOHRING			INDEPENDENT AUTOMOBILE EALERS ASSOCIATION OF C IFORNIA	D - AL -	\$	3044.00	\$	12132.00
SACRAMENTO	CA 95814								
				TOTAL PAYMENTS					
	pace is needed on sheets.	, check box and attach		(Include all subtotals from continuation sheets)	\$	3044.00			
	<u>te</u> candidate	s, elected state officers		(Monetary and non-monetary camp of their controlled committees, or con					
dis				od covered by this report, or by a con ecretary of State, report the name of t					
		r or Recipient Committe e Statement:	ee Which	Has Filed A	_		on Number if Committee:		
		f \$100 or more which has		een reported on a campaign disclosu	ire statem	ent, inclu	ding contributi	ons mad	de by an
	gariizatioi 13 s	•			<u> </u>	D. Numbe	or if		
Date		Nan	ne of Reci	pipient		Committe		A	mount
							\$		
If more sp	pace is needed	, check box and attach cor	ntinuation sl	sheets.			•		

NOTE: Disclosure in this report does not relieve a filer of any obligation to file the campaign disclosure statements required by Gov. Code Section 84200, et seq.

PERIOD COVERED: 07/01/2009 09/30/2009

NAME OF LOBBYING FIRM: <u>ADVOCAL</u>

PART II - PAYM See Instructions of		CONNECTION WITH LOBBYING ACTIVITY (Amount	nts ma	y be rounded off to v	vhole o	dollars.		
	Employer's Name, Address and Telephone Number CALIFORNIA COIN AND BULLION MERCHANTS ASSOCIATION,INC.							
WOODLAND HILI	_S CA 91367							
Legislative or State Period. (See instruc NONE		tions "Actively" Lobbied During the						
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)		Total This Period	Cumulative Total to Date			
\$ 2000.00	\$ 140.00	\$ 0.00	\$	2140.00	\$	9140.00		
	Address and Telephone N							
SACRAMENTO (CA 95811							
Legislative or State Period. (See instrud NONE	Agency Administrative Actions on reverse.)							
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)		Total This Period		Cumulative Total to Date		
\$ 0.00	\$ 0.00	\$ 0.00	\$	0.00	\$	0.00		
Employer's Name, Address and Telephone Number CALIFORNIA SOCIETY OF INDUSTRIAL MEDICINE AND SURGERY								
SACRAMENTO CA 95811								
Period. (See instruc	Agency Administrative Actions on reverse.) TURE AND DIVISION IDICATION MANAGEN LEGISLATION AND RE							
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)		Total This Period		Cumulative Total to Date		
\$ 148176.74	\$ 0.00	\$ 0.00	\$	148176.74	\$	284057.74		
	I	PAGE SUBTOTAL	\$	150316.74				

PERIOD COVERED: 07/01/2009 09/30/2009

NAME OF LOBBYING FIRM: <u>ADVOCAL</u>

	PART II - PAYMENTS RECEIVED IN CONNECTION WITH LOBBYING ACTIVITY (Amounts may be rounded off to whole dollars. See Instructions on reverse.)						
	Address and Telephone NCIETY OF PHYSICAL I	Number MEDICINE AND REHABILITATION					
LAS VEGAS NV	89147						
Period (See instru	ctions on reverse)	tions "Actively" Lobbied During the OF WORKERS' COMPENSATION RE: EL - IENT SYSTEM,UPCOMING WORKERS C - IGULATIONS					
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)	Total This Period	Cumulative Total to Date			
\$ 3000.00	\$ 145.11	\$ 0.00	\$ 3145.11	\$ 12325.32			
	Address and Telephone N CALIFORNIA HOME IN						
PALM SPRINGS	CA 92262						
Legislative or State Period. (See instruc NONE	Agency Administrative Actions on reverse.)						
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)	Total This Period	Cumulative Total to Date			
\$ 2500.00	\$ 0.00	\$ 0.00	\$ 2500.00	\$ 5500.00			
	Employer's Name, Address and Telephone Number GOLDEN STATE FEED AND GRAIN SAFETY ASSOCIATION						
SACRAMENTO (SACRAMENTO CA 95811						
Legislative or State Period. (See instruc NONE	Agency Administrative Actions on reverse.)						
Fees and Retainers	Reimbursements of Expenses	Total This Period	Cumulative Total to Date				
\$ 0.00	\$ 0.00	(attach explanation) \$ 0.00	\$ 0.00	\$ 0.00			
		PAGE SUBTOTAL	\$ 5645.11				

PERIOD COVERED: 07/01/2009 09/30/2009

NAME OF LOBBYING FIRM: <u>ADVOCAL</u>

PART II - PAYMENTS RECEIVED IN CONNECTION WITH LOBBYING ACTIVITY (Amounts may be rounded off to whole dollars. See Instructions on reverse.)								
' '	Employer's Name, Address and Telephone Number INDEPENDENT AUTOMOBILE DEALERS ASSOCIATION OF CALIFORNIA							
SACRAMENTO (CA 95811							
Legislative or State Period. (See instruc SB 95	Agency Administrative Actions on reverse.)	tions "Actively" Lobbied During the						
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)	Total This Period	Cumulative Total to Date				
\$ 20577.72	\$ 0.00	\$ 0.00	\$ 20577.72	\$ 57123.56				
U.S. HEALTHWO	·	lumber						
VALENCIA CA 9								
Period (See instruc	ctions on reverse)	tions "Actively" Lobbied During the OF WORKERS' COMPENSATION RE: UP - LEGISLATION AND REGULATIONS						
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)	Total This Period	Cumulative Total to Date				
\$ 21000.00	\$ 162.91	\$ 0.00	\$ 21162.91	\$ 70315.91				
	Employer's Name, Address and Telephone Number VISIONQUEST INDUSTRIES INC.,DBA VQ ORTHOCARE							
IRVINE CA 9261	4							
Legislative or State Period. (See instruc SEE ATTACHMEI	Agency Administrative Actions on reverse.) NT A							
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)	Total This Period	Cumulative Total to Date				
\$ 2000.00	\$ 186.57	\$ 0.00	\$ 2186.57	\$ 10366.77				
		PAGE SUBTOTAL	\$ 43927.20					

TEXT ANNOTATION

PAGE 1

Schedule F625 Reference No: A

VISIONQUEST INDUSTRIES INC.,DBA VQ ORTHOCARE - SB 186; LEGISLATURE AND DIVISION OF WORKERS' COMPENSATION - RE: ELECTRONIC ADJUDICATION MANAGEMENT SYSTEM UPCOMING WORKERS COMPENSATION LEGISLATION AND REGULA - TIONS; DIVISION OF WORKERS COMPENSATION RE: MEDICAL FEE SCHEDULE REIMBURSEMENT ISSUES

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Schedule F625P2 Reference No: 14999

^{* \$2,500} PAID BY B & P GLOBAL ENTEPRISES